

**A N N E X A**  
**PROGRAM COMMITMENTS**  
**INTEGRATED CASE MANAGEMENT SERVICES**

**NAME OF AGENCY:** \_\_\_\_\_

**CONTRACT NUMBER:** \_\_\_\_\_ **CONTRACT TERM:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **TO** \_\_\_\_/\_\_\_\_/\_\_\_\_

**BUDGET MATRIX CODE:**

32

**BUDGET MODIFICATION NO:**

(0 = Original)

\_\_\_\_\_

Individual    Group

- |     |  |                          |   |
|-----|--|--------------------------|---|
| 1.  | <input type="checkbox"/>   | <input type="checkbox"/> | Staff face-to-face contacts with clients in state or county hospital will take place on-site (i.e., at your office).              |
| 2.  | <input type="checkbox"/>   | <input type="checkbox"/> | Staff face-to-face contacts with clients in state or county hospital will take place off-site (include contacts at the hospital). |
| 3.  | <input type="checkbox"/>   | <input type="checkbox"/> | Staff face-to-face contacts with clients in the community will take place on-site.  |
| 4.  | <input type="checkbox"/>   | <input type="checkbox"/> | Staff face-to-face contacts with clients in the community will take place off-site.   |
| 5.  | <input type="checkbox"/>   | <input type="checkbox"/> | Staff face-to-face contacts with an enrolled client's family will take place on-site.   |
| 6.  | <input type="checkbox"/>   | <input type="checkbox"/> | Staff face-to-face contacts with an enrolled client's family will take place off-site.  |
| 7.  | <input type="checkbox"/>   | <input type="checkbox"/> | Collateral contacts on behalf of enrolled clients will take place on-site.  |
| 8.  | <input type="checkbox"/>   | <input type="checkbox"/> | Collateral contacts on behalf of enrolled clients will take place off-site.   |
| 9.  | <input type="checkbox"/> Aggregate hours of telephone contacts with client or collateral will be made. |                          |   |
| 10. | <input type="checkbox"/> Clients will be linked to another mental health program within your agency.   |                          |   |
| 11. | <input type="checkbox"/> Clients will be linked to other mental health program in agency not your own. |                          |   |
| 12. | <input type="checkbox"/> Will be linked to non-mental health providers.                                |                          |   |

Individual    Group

- |     |                          |                          |  |
|-----|--------------------------|--------------------------|--|
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Units of service will be provided. (Sum of lines 1 thru 8) |
|-----|--------------------------|--------------------------|--|

## INTEGRATED CASE MANAGEMENT SERVICES

Personalized collaborative and flexible outreach services, offered primarily off-site, designed to engage, support and integrate individuals with serious mental illness into the community of their choice and facilitate their use of available resources and supports in order to maximize their independence.

**FACE-TO-FACE CONTACTS:** Refers to direct contact with or on behalf of the consumers for 15 continuous minutes. If a contact exceeds more than 15 continuous minutes, count as multiple contacts. If two staff members simultaneously serve one client, count as one staff contact. If one staff member serves between two and six clients simultaneously, count as one group contact per client (group contacts of seven or more clients by 1 staff member are not reportable). Travel time is to be excluded from overall contact time.

**ON-SITE CONTACTS:** Refers to staff face-to-face contacts provided at the agency site.

**OFF-SITE CONTACTS:** Refers to all other face-to-face contacts with enrolled clients. Contacts with clients at State and County Hospitals should be counted as off-site.

**COLLATERAL CONTACTS:** Refers to face-to-face contacts made to persons by the case management staff on behalf of the enrolled client. May include contacts with persons such as other service providers, friends, landlords, etc. Enter the number of contacts to be provided in lines 7 and 8.

**9. TELEPHONE CONTACTS:** Aggregate phone time with or on behalf of the consumer.

**11. MENTAL HEALTH LINKAGES:** Refers to the number of clients referred to mental health programs during the contract year where an intake has been completed and the client was accepted for service into the mental health program or service. Mental health programs and services include state/county hospitals, local inpatient units, emergency/screening units, outpatient, partial care, residential services, community advocates, private practitioners, systems advocacy, legal services, etc.

**12. NON-MENTAL HEALTH LINKAGES:** Refers to the number of clients referred to and enrolled in services needed by the client outside the realm of mental health during the contract year. These include shelters, boarding homes, county welfare agency, social security, Medicaid, support groups, churches, jails, criminal justice system, vocational programs.

**13. UNITS OF SERVICE:** The sum of all staff face-to-face contacts with clients on-site and off-site, collateral contacts on behalf of clients (Sum of lines 1 through 8.)